

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : 3712 Customer No.: 035811
Serial No. : Jamila O. Williams
Filed : 09/711,194
Inventors : November 13, 2000 Docket No.: 1391-CIP-00
Title : Casey William Norman
: Torquil Patrick Alexander Norman Confirmation No.: 6427
: DOLL'S CLOTHING
: AND PLAY SET Dated: October 31, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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Claim of Extension of Time for Response, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment
Copies of Figs. 1 – 3 of Yasuda
Information Disclosure Statement
Form PTO-1449 w/copies of publications

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

Piper Rudnick LLP
Customer No. 035811

By: _____ *PJ*

Date: _____ *31 Oct 2003*



Attorney Docket No.: 1391-CIP-00

In re Application of Casey William Norman et al.

Serial No.: 09/711,194

Filed: November 13, 2000

For: DOLL'S CLOTHING AND PLAY SET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 16	-	** 20 =	0
INDEP.	* 5	-	** 5 =	0
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$ _____

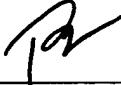
* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 50-2719 in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
 - Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicant(s)

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